DOCUMENT RESUME

ED 161 186 EC 112 314

TITLE Comprehensive Epilepsy Program.
INSTITUTION Virginia Univ., Charlottesville. Comprehensive Epilepsy Program.
PUB DATE [78]
NOTE 21p.; Materials Disseminated at the Annual Conference of the Association for the Care of Children in Hospitals (13th, Washington, D.C. June, 1978)

EDRS PRICE MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS Bibliographies; *Epilepsy; First Aid; *Program Descriptions; Special Health Problems
IDENTIFIERS Comprehensive Epilepsy Program

ABSTRACT

The paper describes the Comprehensive Epilepsy Program at the University of Virginia Medical Center and includes information on the following topics: basic questions about epilepsy; describing and recording seizure activity; first aid in seizure care; the inpatient and outpatient educational service component; admission and referral; international classification of epileptic seizures; and bibliography on epilepsy and related disorders. (ED)

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COMPREHENSIVE EPILEPSY PROGRAM
UNIVERSITY OF VIRGINIA MEDICAL CENTER
DEPARTMENT OF NEUROLOGY

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Introduction to Epilepsy for Teachers

ilepsy?

Epilepsy is only a symptom - a manifestation of abnormal cerebral function which may be due to a large number of different causes - a brief disturbance of the electrical activity of the brain.

Why?

Epilepsy can be caused by very small scars on the surface of the brain, birth trauma, blows, infection, tumors, diseases of the brain, metabolic abnormality.

Scientists and researchers throughout the world are searching for a precise answer.

Who?

Children more than adults, all races, male and female alike.

When?

0 - 2 years old (highest here because of birth injury)
4 - 8 years old
Adolescence

How?

Onset is sudden, seizure varies from seconds to several minutes, end is abrupt.

Types:

There are three major types of seizures -

* Generalized (major motor or grand mal)
* Absence (petit mal)
* Partial (psychomotor or temporal lobe)

* See definition of each in vocabulary section.

Note: All seizures are NOT epilepsy. Seizures can be caused by diseases of the pancreas or parathyroid, low blood level of glucose, calcium, magnesium or vitamin B_6. These seizures are of the grand mal type and are indistinguishable from those seen in children with epilepsy.

EC 112 314

What Can the Teacher Do?

1. Study the records of each child early in the year.

2. Learn the general information about epilepsy included in this unit and other materials you can order.

3. Learn specific characteristics of the epileptic child in your room. Parents can tell you how this child will behave during a seizure.

4. Never coddle an epileptic child. This child should receive the same treatment as the other children unless there are specific instructions directly from the doctor.

5. No unusual over protection or leniency.

6. Remember that fresh air, sunshine and physical exercise have a favorable effect on the course of epilepsy.

7. No exercise should be high in the air.

8. Swimming must be under close supervision.

9. In health class discuss epilepsy and other conditions that might cause a seizure. Emphasize that epilepsy is not contagious.

10. Talk to the epileptic child in your class (in private). If this child is willing, let him discuss his seizures with the class.

11. First aid for seizures in the classroom:

    a. Move desk, chairs, etc. so the child will not strike these with his arms and legs.
    b. A small pillow under the head will keep it from striking the floor.
    c. Child should lie flat on floor; do not attempt to remove from classroom.
    d. Open a tight collar and tilt chin back to make breathing easier.
    e. Roll head to side to allow saliva to drain out.
    f. Do not force anything between the teeth. Never place any hard object in the mouth. Never place your fingers in the mouth. If the mouth is moving and open, a folded handkerchief can be placed in the mouth to prevent tongue or cheek biting.
    g. You cannot stop a seizure. Never throw cold water on the person.
    h. If a child has a seizure and you have no previous knowledge of a seizure, he may have instructions on his person that will help you.
    i. Stay with the person until he has regained his normal mental and physical senses (about 30 minutes).
    j. The child may need extra rest after a grand mal seizure.

Remember:

A seizure seldom causes severe injury. The first seizure you see in a child may be upsetting because you don't know what will happen (even though you have been told). A teacher can handle the situation calmly when there is knowledge and understanding of the disorder. Children will reflect the attitudes and feelings of the teacher.

Vocabulary of Epilepsy

Electroencephalogram - "electric brain writing," brain wave test, a recording on a running band of paper of the electrical activity generated by approximately two-thirds of the surface of the brain. It is safe and painless.

Epilepsy - A Greek word meaning "seizure."

Grand mal - sudden loss of consciousness lasting from 2 - 5 minutes, person falls, rapid jerking, rigid body and foaming at the mouth.

Petit mal - brief seizure lasting 5 - 25 seconds; pale, eyes staring, eyes could roll back into head with slight jerking of head, eyes and upper extremities, a rapid blinking of the eyes.

Psychomotor seizure - person acts automatically without knowing what he is doing, does not fall, does not become totally unresponsive to his environment, unusual mental behavior and inappropriate motor activity, seems vague, frightened, may smack his lips and wander aimlessly or may sit trance-like.

Seizure - a sudden attack.

For further information, contact Nancy Santilli, Nurse Educator, 924-5401.

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DESCRIBING AND RECORDING SEIZURE ACTIVITY

WHY IT'S IMPORTANT TO BE ACCURATE:

Anticonvulsants are prescribed according to seizure type; therefore, it is necessary to know the type and frequency to determine treatment and control.

Very few people are trained in how to observe behavior, and it is essential for all those who come in contact with the patient - family, friends, teachers, employers and other allied health professionals - to be aware of the importance of their observations and to know specifically what to look for and record.

HOW TO:

I. ACTIVITIES PRIOR TO SEIZURE
   A. Environment or situation
      1. Fatiguing (too much exercise; not enough sleep night before)
      2. Stressful (argument with spouse, parent, sibling)

II. SEIZURE ACTIVITY
   A. Warning (Part of the seizure - begin recording time)
      1. Fear
      2. Headache
      3. Unusual smell
      4. Unusual noise
      5. Unusual vision
      6. Unusual feeling
   B. Record in proper sequence
      1. Where did activity begin (can begin as blank stare and be missed)
      2. Did the individual fall; thrash; go limp; jerk
      3. Did the individual lose consciousness
      4. Did the individual make strange sounds or cry out
   C. What parts of the body were involved
      1. Arms: right, left, both
      2. Legs: right, left, both
      3. Head: drop, turned to left or right; ache
      4. Eyes: turn to right, left, up, down, blinking; were pupils dilated; did they react to light
      5. Autonomic system: gastric disturbances; flushing of the face
   D. Did any of these activities take place during the seizure
      1. Talk
      2. Walk
      3. Pick at clothes
      4. Demonstrate any purposeless movement

E. Miscellaneous activities
   1. Teeth clamped
   2. Incontinent of urine and/or feces
   3. Characteristic of respirations
   4. Skin changes during seizure

Record Time Activity Ends

III. POSTICTAL PHASE (after seizure)
   A. Degree of alertness - oriented to person, place and things
   B. Degree of confusion - how long
   C. Was sleep necessary - for how long
   D. Any weakness in the extremities
      1. Where
      2. Degree
      3. Length of time until full strength returned
      4. Does the patient remember anything unusual occuring prior to seizure

IV. DID THIS SEIZURE VARY FROM PAST SEIZURES

RECORDING:

1. Record date and time of day each seizure occurs.

2. Nurses should observe for five minutes out of every waking hour during first 24 - 48 hours after admission (to make sure they are aware of all seizures).

3. Teach family and friends how to accurately record and keep records
   A. Necessary for school to know
   B. Necessary for employment

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FIRST AID IN SEIZURE CARE

I. MAJOR MOTOR (Grand Mal)

This is the most dramatic kind of seizure activity.

1. Help the person lie down; put something soft under his head.
2. Remove sharp or hot objects from the area.
3. Remove glasses; loosen tight clothing such as tie, belt, etc.
4. Do NOT try to restrain moving arms or legs (you cannot stop the seizure).
5. Do not force anything between clamped teeth.
6. Do not insert fingers or pens/pencils into the mouth.

After the seizure:

1. Turn the person's head to the side to let saliva drain from the mouth.
2. Let the person rest for a short period of time.
3. Do not give food or drink until fully awake.

It is usually not necessary to call an ambulance unless:

1. Person does not start breathing after 3-5 minutes.
2. Person has one seizure after another.
3. Person requests an ambulance.

II. ABSENCE (Petit Mal)

1. Usually requires no emergency steps.
2. Brief seizures last from 5 to 45 seconds.
3. May appear as staring, daydreaming, blank look on face.
4. Person is alert after the seizure.
5. May have twitching of face, eyes, blinking, automatisms.
6. May occur many times during the day.

III. COMPLEX PARTIAL (Psychomotor)

1. Do not try to restrain person.
2. Remove objects which may hurt person.
3. Person will be confused after the seizure. Stay with him until he is alert.

FOR ALL SEIZURE TYPES:

1. Stay CALM!
2. Describe seizure activity.
3. Record time the seizure began and ended.

** Remember, above all else, that a patient who has had a major motor seizure is going to be embarrassed when he arouses and realizes what has happened, especially if there has been urinary incontinence. Whether or not you treat them with compassion and kindness often determines whether or not they can accept themselves. Accept the individual as you would anyone else who might have a long term disease. IT COULD HAPPEN TO YOU!

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INPATIENT AND OUTPATIENT EDUCATIONAL SERVICE COMPONENT

The State Department of Education, in cooperation with the Charlottesville Public Schools, provides three graduate level Special Education positions in the University of Virginia Hospital Education Department to serve both the Charlottesville Child Neurology Master Clinic and the Comprehensive Epilepsy Program.

The two outpatient clinic consultants' involvement may include some or all of the following:

1. assess developmental/achievement levels, learning style and learning strengths and weaknesses.

2. recommend educational strategies and/or adaptations using the information gained through assessment, from interaction with the child, through communication with school, parents, other agencies and from information gained from the interdisciplinary clinic staff.

3. act as liaison between the clinic and appropriate educational agents at the local level.

4. consult with school personnel, particularly teachers, regarding modifications in school programs of children served by the clinic.

The ultimate goal of the educator is to facilitate communication of information between the team and the local school to:

(a) provide a better informed, more responsive and less restrictive school environment for all patients between the ages of 2 to 21.

(b) contribute important information to the multidisciplinary clinic team to be considered in each patient's total care.

The inpatient teacher provides individualized instruction 4½ hours per day for all school-age patients and maintains contact with the home school counselors and teachers throughout a patient's hospitalization to insure continued academic progress and transition back to the local school.

To assure continuing care and follow-up upon discharge, if the patient is not followed in the Master Clinic or one of the field clinics which has an Educational Consultant, the hospital teacher will monitor the child's progress upon return to the home school.

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ADMISSION AND REFERRAL

The Diagnostic, Treatment and Rehabilitation Unit of the Comprehensive Epilepsy Program is designed to permit comprehensive multidisciplinary treatment of persons with epilepsy for whom intermediate or long term hospitalization is desirable. Usually these are individuals between 10 and 50 years of age whose seizures are difficult to control and who have significant educational and vocational problems due to epilepsy. For research purposes, the typical patient is adolescent or young adult, average in intelligence and has the potential for rehabilitation. Admission requirements are fairly liberal for most patients with uncontrolled seizures; however individuals who are psychotic, poorly motivated or severely mentally retarded are not admitted.

Referrals are made through the Department of Neurology, University of Virginia Medical Center, by a patient's family physician or neurologist. Candidates for admission are referred from the outpatient component of the Comprehensive Epilepsy Program as well as from other programs and physicians in other states.

INTERNATIONAL CLASSIFICATION OF EPILEPTIC SEIZURES

I. PARTIAL SEIZURES (seizures beginning locally)

A. Partial seizures with elementary symptomatology (generally without impairment of consciousness)

1. With motor symptoms (include jacksonian seizures)
2. With special sensory or somatosensory symptoms
3. With autonomic symptoms
4. Compound forms

B. Partial seizures with complex symptomatology (generally with impairment of consciousness (temporal lobe or psychomotor seizures)

1. With impairment of consciousness only
2. With cognitive symptomatology
3. With affective symptomatology
4. With psychosensory symptomatology
5. With psychomotor symptomatology (automatisms)
6. Compound forms

C. Partial seizures secondarily generalized

II. GENERALIZED SEIZURES (bilaterally symmetrical and without local onset)

1. Absences (petit mal)
2. Bilateral massive epileptic myoclonus
3. Infantile spasms
4. Clonic seizures
5. Tonic seizures
6. Tonic-clonic seizures (grand mal)
7. Atonic seizures
8. Akinetic seizures

III. UNILATERAL SEIZURES (or predominantly)

IV. UNCLASSIFIED EPILEPTIC SEIZURES (due to incomplete data)

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AND RELATED DISORDERS

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AUDIO-VISUAL MATERIALS

Audio Cassette Library

*"Understanding & Living with Epilepsy," designed for Counselors and the Family of the child with Epilepsy (EFA).

2-Cassette Album of a series of life-like interviews between a psychologist and the parents of a child with Epilepsy. There is considerable evidence to support the fact that seizure control is enhanced by the reduction of stress in the environment. Everyone concerned about the child with epilepsy, including parents, teachers, doctors and professional counselors, should be sensitive to this need.
2 cassettes - 2 hours, purchase price $30.00.

Films

*"Benjamin" (Epilepsy Society of Massachusetts, 3 Arlington Street, Boston, Massachusetts 02116).

Animated cartoon, excellent for very young audience. Discusses fundamentals of epilepsy, accompanying comic book available.
Color, 5 min. - purchase price $60.00.

"Complex Partial Seizures" (Geigy Pharmaceuticals, 724 Worsham Road, Richmond, Virginia 23235).

*"Convulsions" (Lawren Productions, Inc., P. O. Box 1542, Burlingame, California 94010).

Case history of a six year old boy with grand mal epilepsy. Especially good for teachers groups.
B&W - 20 min. - purchase $105.00.

*Epilepsy: For Those Who Help" (EFA)

A guide for public service personnel who aremost likely to be involved in emergency situations relating to the epilepsies. Emphasis is on recognition of symptoms and emergency procedures to minimize injurious side effects of seizures.
16mm Color, 12 min. - purchase $110.

*"Epilepsy: For Those Who Teach" (EFA).

A film designed to help teachers and school staff understand what epilepsy is; how to handle it in the classroom; how to deal with the epileptic child and his classmates; how to give the emotional support needed by the child with epilepsy.
16mm, Color, 13 min. - purchase $110.

AUDIO-VISUAL MATERIALS - Films (cont.)

*"Epilepsy: Pass the Word" (EFA).

Presents a practical view of epilepsy and employment. Film is primarily for vocational counselors, employers, personnel managers as well as those preparing the epileptic for employment.
16 mm, Color, 24 min. - Purchase $135.00.

"Images of Epilepsy" (Colorado Epilepsy Association, 1835 Gaylord Street, Denver, Colorado 80206).

Tells the story of three youngsters with epilepsy, their reaction to the disorder and their experiences in school.
Color, Rental fee $10.00; Purchase $105.00. Order directly from Colorado Epilepsy Association.

*"Modern Concepts of Epilepsy" (Ayerst Laboratories, 685 Third Avenue, New York, New York 10017).

Shows various types of seizures as they actually occur.
Color, 20 min. - Purchase $20.00.

*"Not Without Hope" (M. Faber Productions, 6412 Desert Cove, Scottsdale, Arizona 85254).

An excellent general information piece. Sequences move from middle ages to today, depicting social problems and attitudes toward employment, insurance, etc. Covers diagnosis, therapy, attitudes.
Color, 20 min. - Purchase $175.00.

"Tim Talks About Epilepsy" (Pfarrago Information Systems, 4760 22nd Avenue, N.E., Seattle, Washington 98105).

Ages 4-10, mime with narration.
Rental $23.00; Purchase $120.00 plus shipping.

*These films are available on loan through the Regional Service Center. Order films as far in advance as possible (six-eight week minimum) listing alternate dates. Address your order to your nearest Regional Service Center with the $5.00 Prepaid Service Charge enclosed.

Eastern Regional Office
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SLIDE-TAPE PROGRAMS

"Because You Are My Friend," EFA, 1828 L Street, N.W., Washington, D.C. 20036

Excellent new (1978) slide presentation suitable for showing to elementary grades in which there is a child with epilepsy. It is also valuable in family counseling, for inservice teacher training and in presentation to civic groups.
Color, 5 min. - Purchase $25.00.

Seizure Disorders: Diagnosis and Clinical Management. Parke, Davis and Company, Detroit, Michigan, 1976.

A set of two audiotapes of approximately 80 minutes each with an accompanying set of 100 slides. There are two monographs that accompany the slides and tapes and a short self-assessment quiz with each monograph. This program is designed to bring increased information and education to all physicians and allied health personnel involved in the care of epileptic patients. The program was sponsored by EFA, developed and produced by Health Learning Systems, Inc. with Parke, Davis providing the educational grant. The program is approved for continuing education credit by the AMA.

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You, Your Child and Epilepsy. EFA*

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A complete Epilepsy School Alert Educational Packet for both the school nurse and the teacher is available from the Epilepsy Foundation of America.

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